



Scheurman's K9 Academy

APPLICATION for Admittance

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.*

If you require special accommodations because of a disability to participate, in the application/selection process, you must notify the administrator in advance.

NOTE: This application must be completed in its entirety and signed if you wish to be considered for enrollment with the Scheurman's K9 Academy. Information submitted on the application is subject to verification. A completed application must be submitted to the enrolling agency with the appropriate fees, if you wish to be enrolled.

Scheurman's K9 Academy

6024 103rd Street
Jacksonville, Florida, 32210
(904) 289-9282

ENROLLMENT APPLICATION

NAME OF PROGRAM APPLIED FOR _____

ADDRESS _____

CITY, STATE, ZIP HOME PHONE _____

WORK/MESSAGE PHONE _____

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DO YOU HAVE RESPONSIBILITIES THAT WOULD PREVENT YOU FROM TRAVELING, WORKING UNUSUAL HOURS/OVERTIME IF REQ. BY THE JOB? _ Y _ N

NAME AND TELEPHONE NUMBER OF PERSON WHO CAN CONTACT YOU WITH A MESSAGE _____

DAYS OR HOURS UNWILLING/UNABLE TO ATTEND SCHOOL _____

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY Scheurman's K9 Academy? _ Y _ N IF SO, GIVE JOB TITLE _____

DEPARTMENT _____

DATES OF EMPLOYMENT _____

DO YOU HAVE ANY RELATIVES WORKING FOR Scheurman's K9 Academy? _ Y _ N

RELATIVES NAME _____

DEPARTMENT/DIVISION _____

DATES OF EMPLOYMENT _____

CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA, OR ALIEN REGISTRATION NUMBER UPON ENROLLMENT? _ Y _ N

DO YOU HAVE A VALID DRIVER'S LICENSE? _ Y _ N STATE ISSUED & NUMBER _____

(A VALID DRIVER'S LICENSE IS REQUIRED!)

HAVE YOU SERVED ON ACTIVE DUTY IN THE MILITARY SERVICES OF THE U. S. WITHIN THE LAST 8 YEARS? _ Y _ N

BRANCH _____

ACTIVE DUTY DATES _____

A CONVICTION RECORD WILL NOT NECESSARILY BAR OR DISQUALIFY YOU FROM ENROLLMENT.

HAVE YOU EVER BEEN CONVICTED WITHIN THE LAST 7 YEARS OF OFFENSES, WHICH RELATE REASONABLY TO FITNESS TO PERFORM THE JOB, YOU ARE ENROLLING FOR? _ Y _ N

OFFENSE _____

DATE _____

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? _ Y _ N

DATE _____ NAME & LOCATION OF HIGH SCHOOL

ATTENDED _____

HOW DID YOU LEARN OF THIS SCHOOL?

COLLEGE OR VOCATIONAL DATES MAJOR DEGREE SCHOOL AND LOCATION FROM/TO STUDIED EARNED _____

OTHER COURSES AND TRAINING DATE _____

PROFESSIONAL LICENSES, CERTIFICATIONS STATE ISSUED LICENSE NUMBER DATE ISSUED/EXP.

TYPING SPEED _____ DICTATION SPEED _____

DO YOU HAVE ANY OF THE FOLLOWING SKILLS?

_ DICTAPHONE _ CALC. BY TOUCH _ MULTI-LINE PHONE _ DATA ENTRY _ FILING _ FIRST AID/CPR _ CASHIERING _ BOOKKEEPING/MATH

COMMERCIAL DRIVER'S LICENSE NUMBER

SPECIAL CONSIDERATION: IF YOU ARE SELECTED FOR ENROLLMENT AND NEED ANY SPECIAL ACCOMMODATIONS IN ORDER TO COMPLETE OR PARTICIPATE IN THE PROGRAMS BECAUSE OF AN IMPAIRMENT OR DISABILITY, PLEASE NOTIFY A MEMBER OF THE SCHOOL . _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE AND YOUR FLUENCY IN EACH.

LANGUAGE _____ SPEAK _____

READ _____ WRITE _____

LANGUAGE _____ SPEAK _____

READ _____ WRITE _____

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY OR OTHER PROTECTED STATUS.

EMPLOYER _____
ADDRESS _____
DATES EMPLOYED _____
SALARY: START _____ END _____
HOURS PER WEEK _____
POSITION TITLE _____
SUPERVISOR _____
PHONE NO. _____
REASON FOR LEAVING _____
WORK PERFORMED _____

EMPLOYER _____
ADDRESS _____
DATES EMPLOYED _____
SALARY: START _____ END _____
HOURS PER WEEK _____
POSITION TITLE _____
SUPERVISOR _____
PHONE NO. _____
REASON FOR LEAVING _____
WORK PERFORMED _____

EMPLOYER _____
ADDRESS _____
DATES EMPLOYED _____
SALARY: START _____ END _____
HOURS PER WEEK _____
POSITION TITLE _____
SUPERVISOR _____
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SUPERVISOR _____
PHONE NO. _____
REASON FOR LEAVING _____

WORK PERFORMED

EMPLOYER _____

ADDRESS _____

DATES EMPLOYED _____

SALARY: START _____ END _____

HOURS PER WEEK _____

POSITION TITLE _____

SUPERVISOR _____

PHONE NO. _____

REASON FOR LEAVING _____

WORK PERFORMED

EMPLOYER _____

ADDRESS _____

DATES EMPLOYED _____

SALARY: START _____ END _____

HOURS PER WEEK _____

POSITION TITLE _____

SUPERVISOR _____

PHONE NO. _____

REASON FOR LEAVING _____

WORK PERFORMED

**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.*

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS WHICH Scheurman's K9 Academy DEEMS RELEVANT TO MY QUALIFICATIONS FOR ENROLLMENT. THIS INCLUDES ALL STATEMENTS MADE IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND I RELEASE FROM ALL LIABILITY ANY PERSONS (SUCH AS FORMER SUPERVISORS OR EMPLOYERS) SUPPLYING IT. I ALSO RELEASE YOU FROM ALL LIABILITY WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION.

I CERTIFY THE FACTS AND INFORMATION IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS OR OMISSIONS, WILL BE CAUSE FOR DENIAL OF ENROLLMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THAT I MAY RESIGN OR BE TERMINATED, WITHOUT CAUSE OR NOTICE, AT ANY TIME, UNLESS OTHERWISE STATED IN SCHOOL CONTRACT.

I HAVE READ EACH STATEMENT IN THIS DOCUMENT. I HAVE ALSO REVIEWED ALL OF THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. _ YES _ NO

Scheurman's K9 Academy
SUPPLEMENTAL APPLICATION S

Applicant's Name: _____ SS#: _____

1. List all names you have used (include maidens, married, and nicknames):

2. Are you related to anyone presently employed with the Scheurman's K9 Academy? Yes No
If yes, give name, relationship, and place of employment: _____

3. Have you ever held a position with Scheurman's K9 Academy? Yes No If yes, where
were you employed, position(s) held, and dates of employment:

4. Have you ever been employed by any law enforcement agency as a Correctional Officer, Probation and
Parole Officer or a Law Enforcement Officer? Yes No If yes, give name of agency, position(s) held, and
dates of employment: _____

5. Have you had any Correctional Officer, Probation & Parole Officer or Law Enforcement Officer training?
Yes. No

If yes, state type of training, dates of training, etc. Certificate(s)

6. Have you taken and passed the Florida Department of Law Enforcement Officer Certification
Examination? Yes No

7. Have you ever had any type of disciplinary action taken against you while employed as a Correctional
Officer, Probation & Parole Officer, or Law Enforcement officer? Yes No If yes, explain:

8. Have you served in the Armed Forces of the United States? (Do not include National Guard) Yes No (A
copy of your DD214 for each period of service must be submitted.) If yes, answer questions 10 through 13. If
no, skip to question 14.

9. State branch of service and service number _____

10. State dates of all periods of active military service: _____

11. Did you receive a dishonorable discharge? Yes No

12. Was any type of disciplinary action taken against you while you were a member of the Armed Forces? Yes

No If yes, please explain:

13. Do you possess a valid driver's license? Yes No If yes, list state and license number:

14. Have your driving privileges ever been canceled, suspended, or revoked? Yes No . If yes, explain:

15. Have you ever used, sold, or experimented with any illegal drug? Yes No If yes, explain:

16.a. Have you ever been convicted of a felony or a first degree misdemeanor? Yes No,

b. Have you ever pled Nolo Contenders or pled guilty to a crime which is a felony or a first degree misdemeanor? Yes No

c. Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor (including sealed records)? Yes No ,

d. If you answered "Yes" to 17 a, b, or c, complete the following:

Date	Place	Agency	Charge	Disposition	Details
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17. Are you or have you ever knowingly been under investigation by any local, state, federal agency/ or entity for any wrongdoing either administrative, civil or criminal?

Yes No If yes, explain: _____

18. Chronologically list all previous places of residence for the past ten years.

(Begin with present and work backwards.)

From To

Mo/Yr	Mo/Yr	Number/Street	County/City	State
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19. List any special qualifications or skills you may possess:

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OR, THE SPOUSE OR CHILD OF A CURRENT OR FORMER LAW ENFORCEMENT OFFICER? YES NO

EEO SURVEY

Although the following information is not mandatory, it is requested to aid Scheurman's K9 Academy in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an agency to fail or refuse to enroll any individuals or deprive any individual of enrollment opportunities because of race, color, religion, sex, national origin, age, mental status, or disability. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

a. SEX: MALE FEMALE

b. DATE OF BIRTH: _____

c. RACE (Circle One Only): WHITE BLACK HISPANIC

ASIAN OR PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

OTHER (Specify) _____



Scheurman's K9 Academy

Wiliness Questionnaire

ARE YOU WILLING TO:

YES NO

- _____ Attend school on rotating shifts
- _____ Attend school (8 am - 4 PM)
- _____ Attend school (4 PM - 12 am)
- _____ Attend school (12 am - 8 am)
- _____ be present and on time for school
- _____ Attend school on weekends and/or holidays
- _____ Attend school overtime
- _____ Attend school on a double shift
- _____ Attend school on your off-duty days when necessary
- _____ return to the kennels / school at any hour in an emergency situation
- _____ participate in physical training
- _____ maintain all training requirements
- _____ participate in additional training
- _____ Attend school whatever post assigned whether inside or outside
- _____ Attend school on an outside post during extreme weather conditions, day or night
- _____ supervise male or female classes
- _____ walk through a large group of male or female students alone to teach classes
- _____ break up a fight, using physical force if necessary
- _____ take a certain amount of verbal abuse from the student population
- _____ be of assistance to your fellow instructors in case of an emergency
- _____ take short trips (traveling 100-200 miles) or overnight travel
- _____ sit alone for long periods of time and remain alert
- _____ stand on your feet for long periods of time
- _____ follow supervisor's lawful orders
- _____ make decisions and stand by the results
- _____ show respect to clients and students



Scheurman's K9 Academy

APPLICANT RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:
Applicant Release of Information

I, _____, do hereby agree to the release of any and all information (excluding records deemed confidential under ADA) pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be used only in relation to my application for enrollment with the Scheurman's K9 Academy. I understand that if I am enrolled by Scheurman's K9 Academy, any documents obtained pursuant to this release will be placed in my personnel file and be public records pursuant to Chapter 119, Florida Statutes.

A photocopy of hereof shall be as valid as the original.

Signature

Date

STATE OF _____, COUNTY OF _____. The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's Signature _____

Notary's Name _____ Serial number, if any



Scheurman's K9 Academy

DRUG TESTING CONSENT

In keeping with the requirements of Chapter 943, Florida Statutes, and Chapter 11B-27, Florida Administrative Code, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that refusal to supply the necessary samples or test results that reveal the use of controlled substances as outlined in Chapter 11B-27, F.A.C., will be grounds for rejection of my application for enrollment for this position or any other with the Scheurman's K9 Academy. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for enrollment with the Academy, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

Applicant's Signature Date Witness' Signature

Applicant refused to sign Drug Testing Consent form.

Authorized Individual Date

Scheurman's K9 Academy

Please state what you hope to accomplish during your training,

What prior experience do you have with dogs?

(what breed, age, temperament, dog shows, competition obedience, working dogs, service dogs, sport dogs (Ring, KNPV, Schutzhund), Other)

Why do you want to be a dog trainer?

List five character traits you like about yourself.

List five character traits you dislike about yourself.

Why do you like dogs? (be explicit)